



Substance Use Disorder (SUD) Community of Practice (CoP) Meeting

February 18, 2026

12:00 p.m. – 1:30 p.m.

Virtual

Meeting Summary

Background

On February 18, 2026, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened virtually. The meeting featured a presentation from Minnesota's Office of Addiction and Recovery (OAR) on the Interagency State Substance Use Plan Report (Phase 1), followed by small-group discussions to capture feedback on what the report gets right, what is missing, and what changes are needed to strengthen Minnesota's SUD system. Participant input will be used to support Q1 CoP work on "Connecting the SUD Ecosystem" and to inform ongoing state planning and partner engagement.

Attendance

Approximately 232 participants joined the meeting.

Objectives

- Build shared understanding of the Interagency State Substance Use Plan Report and how it will inform Phase 2 planning.
- Gather participant feedback on what feels missing from the current-state overview and what is useful or encouraging.
- Identify practical actions participants can take within their roles to improve outcomes for themselves and the people they serve.
- Surface decisions and constraints outside participants' control that require cross-system alignment (state, counties, providers, payers, housing, etc.).
- Continue strengthening connections across Minnesota's SUD ecosystem through peer-to-peer learning and shared problem solving.

Welcome and Opening (Paul Shanafelt, SDK Strategic Services)

Facilitators welcomed participants, reviewed the CoP's shared vision and community agreements, and previewed the meeting flow. The team also shared logistics and resources in the chat, including the stipend request process for lived/living experience participants, the March 18 CoP RSVP link, and Recovery Day on the Hill information.

Recovery Day on the Hill (Wendy Jones, MARCO)

Wendy Jones, Executive Director of the Minnesota Alliance of Recovery Community Organizations (MARCO), outlined [Recovery Day on the Hill](#), a statewide advocacy event that brings people in recovery, families, providers, and allies to the Capitol to share priorities and connect directly with policymakers. The event will line up with the March 18 SUD CoP meeting, where folks will have the opportunity to attend both.

Presentation: Interagency State Substance Use Plan Report (Jennifer Blanchard and Nathaniel Dyess, Office of Addiction and Recovery)

Jennifer Blanchard and Nathaniel Dyess (OAR) presented highlights from the [Interagency State Substance Use Plan Report](#), with Jeremy Drucker (OAR) joining later in the meeting. The presenters framed the report, currently in Phase 1, as a foundational baseline for Phase 2 planning in 2026, when subcabinet agencies will work toward shared priorities, measurable goals, and accountability mechanisms. Phase 3 is intended to broaden into statewide planning in 2027 and beyond.

- **Key information shared included:**

- The charge of the Governor's Subcabinet on Opioids, Substance Use, and Addiction: identify challenges within state government that create silos; surface opportunities to improve access and effectiveness; identify barriers and gaps (with attention to communities disproportionately impacted); and advance coordinated policies and strategies across prevention, harm reduction, treatment, and recovery.
- OAR's coordinating role across 12 state agencies and with local and Tribal partners, including responsibility for maintaining a database of relevant program spending and identifying new interagency opportunities to improve outcomes.
- What the Phase 1 report includes: key substance use and SUD prevalence data; a description of roles and responsibilities of subcabinet agencies across the continuum; highlights from the state's first enterprise fiscal mapping of SUD spending; and analysis of state commitments and recommendations embedded in statute, other state plans, and community/partner reports.
- Fiscal mapping highlights (FY24): nine state agencies administered roughly \$823 million in SUD funding; about 95% was administered by

grantees or providers (vs. state agencies directly); federal sources accounted for about 65% of funding (primarily Medicaid) and state sources about 32%. The majority of reported funding supported treatment and recovery services (approximately \$672 million, or 82% of continuum funding) across Medicaid billing codes, with additional funding supporting grant programs and directly related services. Presenters also noted that many funding streams carry restrictions on how dollars can be used, reinforcing the need for strong coordination.

- How the current system is being assessed: the report is anchored in directives and commitments - including major state statutes and related initiatives - and synthesizes existing plans and recommendations to identify areas of alignment and opportunities for improvement.
- Early findings from the Phase 1 analysis: Minnesota has an underlying continuum of care and has made substantial investments aligned with evidence-based practices, but fragmentation and service gaps create navigation challenges. Care coordination, linkages to care, and organizational coordination were emphasized as critical to supporting people with complex needs.
- Areas of cross-agency alignment identified in the report: naloxone distribution; expanding access to medications for opioid use disorder; justice-involved treatment and recovery pathways; culturally responsive services (including traditional healing); integration of behavioral health into school-based settings; addressing intersections between SUD and maternal/child health; strategies focused on unsheltered homelessness; and strengthening data and quality infrastructure.
- Next steps and performance measurement: OAR described ongoing work by an interagency SUD Metrics Workgroup to catalog key measures and support Phase 2 alignment around shared goals and outcomes.
- Data access: Participants asked about timeline for the internal Power BI dashboard. OAR shared that building the internal dashboard is expected to take the bulk of 2026, and that making data externally accessible would follow (with attention to data security and accessibility standards).

Participant Q&A:

Participants had the opportunity to ask OAR questions and share reflections during and after the presentation. Key discussion points included:

- **Data access and transparency** (Power BI dashboard): OAR shared that their team is at the beginning of dashboard development and expects it will take most of 2026 to build the internal Power BI dashboard; external access would come after, with additional work needed around data security and accessibility standards.
- **Interpreting recent Medicaid/peer services data**: OAR acknowledged the concern that FY24 trends can be difficult to interpret in the current climate and reinforced that the report's fiscal mapping is intended as a baseline view of system-wide spending (including Medicaid), which will be strengthened over time through Phase 2 measurement work. OAR noted that FY24 treatment/recovery spending reflects activity across a large set of Medicaid billing codes, and that the state is building the infrastructure needed to refine, validate, and monitor measures in a more consistent way.
- **Anticipated headwinds** (federal and state-level): OAR emphasized that the "uphill climb" is often less about one single barrier and more about the reality that much of the system operates inside restricted funding and statutory requirements, which can limit flexibility even when needs are clear. They framed Phase 2 as the mechanism for aligning agencies around shared priorities and measurable goals so the state can respond more cohesively even in a constrained environment.
- **Access, flow, and capacity**: OAR reiterated a key takeaway from the report, which is Minnesota has an underlying continuum, but it is fragmented and people can get stuck at transition points. They highlighted that improving "flow" depends on better linkages to care, care coordination, and cross-system coordination, especially where capacity constraints - including withdrawal management and bed availability - create bottlenecks.
- **Secure/forensic settings and workforce**: OAR pointed to the report's documentation of the distinct roles that secure and justice-involved systems play in the continuum and emphasized that expanding access in these environments

requires specialized staffing and interagency alignment. They also noted workforce development as a cross-cutting need and referenced existing state roles that support training/credential pathways, while reinforcing that Phase 2 alignment will help clarify priorities and accountability across agencies.

Poll

SDK Strategic Services shared a poll to capture which of the eight areas of alignment across state agencies - if focused on and improved - would have the biggest impact on CoP participants' work or recovery. There were 66 respondents, which resulted in the following breakdown across those eight areas:

- Justice-involved treatment and recovery pathways (19 votes)
- Strategies focused on addressing unsheltered homelessness (13 votes)
- A focus on data & quality infrastructure (10 votes)
- Culturally responsive services such as traditional healing (7 votes)
- Integration of behavioral health into school-based settings (6 votes)
- Addressing the interaction between SUD and maternal & child health (5 votes)
- Expanding access to medications for opioid use disorder (5 votes)
- Naloxone distribution (1 vote)

Breakout Discussions

Participants broke into small groups (~5-7 people) and responded to four prompts:

1. What is missing from the state agency report's overview of the current system?
2. What's one thing from the state agency report that felt useful or encouraging?
3. If you could change one thing within your control to improve outcomes for yourself or the people you serve, what would it be? Why?
4. What decisions most affect your ability to help people/get help that are outside your control? Who makes them?

With the help of co-facilitators, groups captured key points in GroupMap.

Participants said the state agency report needs to be more practical and easier to connect to their day-to-day work.

- **Make it accessible (frontline workers, community, people with lived SUD experience):** Participants want materials that are easier to digest and tailored to different users.
 - *“Materials are not accessible to the lay person who is trying to understand the State’s SUD landscape”*
 - *“Materials tailored to individuals with lived experience, policy makers etc.”*
- **Show how people move through the system:** Groups asked for clearer depiction of system navigation, handoffs, and what coordination looks like in practice.
 - *“How many people utilizing treatment? From assessment > entry > discharge (esp. for youth)”*
 - *“The term ‘care coordination’ is used and I’m not sure it is accurately described in the report”*
- **Name foundational barriers more directly (housing, transportation, rural access):** Housing and rural access came up as defining constraints that shape everything else.
 - *“NO housing options in rural counties”*
 - *“Focus on rural communities”*
 - *“What about transportation”*
 - *“The people impact and downstream effects of no housing for SUD recipients”*
- **Clarify youth/children realities and gaps:** Participants flagged the need to better reflect children/youth needs and family barriers.
 - *“lack of children’s SUD”*
 - *“Mental health, Children’s treatment options, finding resources,”*
- **Define workforce + peer roles, training, and sustainability:** Participants noted gaps in how roles are defined and supported.
 - *“Certified recovery specialist job description vs. training is a gap.”*
 - *“Medical billing is how we do peer support? Is that the best way?”*

Participants appreciated the report’s big-picture view of the SUD system, clear funding breakdowns, and how agencies fit together.

- **Seeing the size/scope of the system and where fundings sits:** The fiscal mapping and cost breakdowns helped people orient and advocate.
 - *“The \$ numbers are useful for understanding the scope of what we are talking about.”*
 - *“Cost breakdown by agency”*
 - *“Identifying the various funding streams and the cost impact”*
 - *“I appreciated seeing the break down of the funding”*
- **A continuum/frame that pushes against silos:** Participants were encouraged by the intent to align across agencies and lay out a full continuum.
 - *“Work on reducing the silos between agencies”*
 - *“Continuum of Care”*
 - *“Good attention to various stakeholder groups -- looked toward a statewide holistic perspective”*
- **Prevention and cultural/traditional practices showing up:** Several participants called out prevention dollars and cultural practices as important to see reflected.
 - *“Seeing the prevention \$ from Fed was encouraging”*
 - *“Touching on traditional and tribal practices”*
- **Signs of progress:** A few participants noted trend improvements as encouraging.
 - *“less people are dying from opioid overdose”*

Participants surfaced practical changes they can drive locally, such as stronger coordination, clearer communication, training/practice alignment, and better connection.

- **Improve communication + responsiveness:**
 - *“Getting clear and time sensitive answers from DHS/BHA regarding questions impacting clients accessing care in a timely manner”*
 - *“Having program/providers updates when there are issues, changes, etc. State, county guidance issues, etc.”*
- **Training, shared practice, and systems that reduce chaos:**
 - *“trainings for staff, clinicians to better align with current policies”*
 - *“standardizing electronic records system”*

- *“How we can integrate ASAM w/electronic health record keeping”*
- **Better coordination across county/justice systems and transitions:**
 - *“Better coordination between county departments”*
 - *“increase hours of group within jail”*
 - *“Process for coordinating direct release from jail to treatment that includes housing.”*
- **Transportation, access, and community integration:**
 - *“Being able to transport clients”*
 - *“more bridges out for community integration”*

Participants said system decisions – especially around reimbursement, housing, and capacity – drive treatment access and recovery supports.

- **Funding, reimbursement, and “hustle” incentives:**
 - *“Reimbursement rates”*
 - *“Systematic/ structural challenge on pay structure and billing. Creates hustle mindset ...”*
 - *“Funding allocations” / “Funding” / “Silos in funding streams”*
 - *“Our ability to meet need in MN is really tied to federal funding”*
- **Regulatory clarity and implementation timelines:** Participants flagged inconsistent guidance and unclear standards as barriers.
 - *“Lack of clarity/ consistency from regulators”*
 - *“Clear / consistent data sets for implementing guidance”*
 - *“No guidance on what treatments and modalities are evidence based”*
- **Housing policy and local rules:**
 - *“local jurisdictions and municipalities all have their own laws and rules regarding housing...”*
 - *“Housing crunches - especially for women”*
 - *“Housing”*
- **Capacity constraints:**
 - *“Continued loss of available hospital beds”*
 - *“The closure of withdrawal management programs”*
 - *“Taking in more people than available programs are”*
- **Administrative burden and compliance pressures:**

- *“A lot of people are bailing out because of documentation. Not consistent across the board.”*
- *“If you’re focused on compliance, you’re not always focused on quality of care.”*

What’s Ahead (Paul Shanafelt, SDK Strategic Services)

- Next meeting: March 18, 2026 (12:00–1:30 p.m.). Virtual (Zoom) and in-person at Capitol Commons Hub (546 Rice St., Saint Paul).
- Recovery Day on the Hill (MARCO): March 18, 2026 (9:30–11:30 a.m., MN State Capitol). Information was shared in the chat.
- Links to RSVP and the lived/living experience stipend request form were shared in the chat.
- For questions, contact: SUD.CoP@SDKStrategicservices.com